

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	421874
<015> Study Area Name	ELLINGTON TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Dee McCormack
<035> Contact Telephone Number: Number of the person identified in data line <030>	573-663-2000
<039> Contact Email Address: Email of the person identified in data line <030>	dmccormack@mcmo.net

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="text"/>	<input checked="" type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)		<input type="text"/>	<input checked="" type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="text"/>	<input checked="" type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="text"/>	<input checked="" type="checkbox"/>	
<440> Fixed	<input type="text"/>			
<450> Mobile	<input type="text"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="421874mo510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="421874mo610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="text"/>	<input checked="" type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="text"/>	<input checked="" type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="text"/>	<input checked="" type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="text"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="text"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

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 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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-- See attached worksheet --

<010>	Study Area Code	421874
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1/1/2013	

-- See attached worksheet	
--	

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**(800) Operating Companies  
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dmccormack@mcmo.net
<810>	Reporting Carrier	Ellington Telephone Company
<811>	Holding Company	Ellington Telephone Company
<812>	Operating Company	Ellington Telephone Company

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dmcormack@mcmo.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

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<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐



**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans 421874mo1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation**

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*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐  
☐
**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐  
☐  
☐  
☐
**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

☐
**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐  
☐  
☐  
☐

Name of Attached Document Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	421874mo3026

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

 FCC Form 481  
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>KIESLING ASSOCIATES LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	KIESLING ASSOCIATES LLP
Name of Reporting Carrier:	ELLINGTON TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Officer:	DEE MCCORMACK
Title or position of Authorized Officer:	PRESIDENT
Telephone number of Authorized Officer:	573 663-2000
Study Area Code of Reporting Carrier:	421874 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	ELLINGTON TEL CO
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	515-223-0159
Study Area Code of Reporting Carrier:	421874 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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**FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

Missouri Code of State Regulations 4 CSR 240-32.070 requires an ETC to comply with the standards stipulated in this section. The rules include guidance on installation or repair of basic telecommunications service; provisions for handling of customer trouble reports and establishment of procedures to receive and address bona fide emergency trouble reports. Ellington Telephone Co. certifies that it has complied with these requirements and will continue to comply with these requirements.



**FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations**

Missouri Code of State Regulations 4 CSR 240-32.060(5) requires an ETC to make reasonable provisions to meet emergencies resulting from lightning or power service failures, unusual and prolonged increases in traffic absence of personnel, fire, storm or other natural disaster and shall inform its employees of procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telecommunications service. Each central office shall maintain as a minimum three (3) hours of battery reserve. In each office without installed emergency power facilities, there shall be a mobile power unit available which can be delivered and connected on short notice. Ellington Telephone Co. certifies that it has complied with these requirements and will continue to comply with these requirements.

LOCAL EXCHANGE SERVICE

Lifeline Service

A. General Regulations

1. Lifeline service is available to qualifying low-income subscribers for single-party residence service.
2. The monthly discount will be the maximum amount allowed by the Missouri Public Service Commission and the Federal Communications Commission; however, this discount will not exceed the sum of the federal subscriber line charge and the recurring charges for voice telephony service. The monthly discount will be the same for Lifeline customers solely subscribing to voice telephony service and for Lifeline customers subscribing to a bundle of services.
3. Lifeline will not be furnished on a Foreign Exchange service.
4. Lifeline service shall not be disconnected for non-payment of toll charges.
5. Toll blocking provides a means of restricting access to the Long Distance Message Telecommunications Network. Toll blocking for the purposes of lifeline service will restrict 1+, 0+ and 0- (operator handled) calls.
  - a. If the customer chooses "toll blocking" the company will not charge a service deposit.
  - b. Toll blocking is offered to Lifeline subscribers at no charge.

(T)

(T)

(D)

(D)

(D)

\*Indicates new rate or text  
+Indicates change

Issued: March 15, 2012

Dee McCormack  
Ellington Telephone Company  
200 College Avenue  
Ellington, MO 63638

Effective: April 14, 2012

Filed  
Missouri Public  
Service Commission  
JI-2012-0462

## LOCAL EXCHANGE SERVICE

### Lifeline Service (Cont'd)

#### B. Eligibility Requirements

1. An applicant must meet all of the following criteria in order to qualify for Lifeline Service.
  - a. To qualify for Lifeline the consumer must participate in one of the following programs:
    - 1) Mo HealthNet (f/k/a Medicaid) (T)
    - 2) Food stamps (T)
    - 3) Supplemental Security Income (SSI)
    - 4) Federal Public Housing Assistance or Section 8
    - 5) Low Income Home Energy Assistance Program
    - 6) National School Free Lunch Program (T)
    - 7) Temporary Assistance for Needy Families, or (T)
    - 8) The customer's income, as defined in 47 CFR §54.400(f), is at or below 135% of the Federal Poverty Guideline (effective June 1, 2012). (N)  
(N)
2. The customer must sign, under penalty of perjury a document certifying:
  - 1) He/she is receiving benefits from one of the programs in 1.a, above.
  - 2) Name of the program(s) from which they are receiving benefits.
  - 3) That he/she will notify the company if he/she no longer participates in the program(s) named in a. preceding.
3. The premises at which the residence service is requested must be the applicant's principal place of residence.
4. There is only one telephone line serving the residence premises. The residence premises household (dwelling unit) shall consist of that portion of an individual house or building or one flat or apartment occupied by a single family or individuals functioning as one domestic establishment.

Issued: March 15, 2012

Dec McCormack  
Ellington Telephone Company  
200 College Avenue  
Ellington, MO 63638

Effective: April 14, 2012

Filed  
Missouri Public  
Service Commission  
JL-2012-0462

LOCAL EXCHANGE SERVICE TARIFFS

RECEIVED

Toll Access Restriction

NOV 19 1997

- A. Toll Access Restriction provides a means of restricting access to the Long Distance Message Telecommunications Network. Three options are available to the customer:
1. Restriction of 1+ calls only.
  2. Restriction of 1+ calls and 0+ and 0- (operator handled) calls, except 8XX IN-WATS.
  3. Restriction of 1+, 0+, 0- and 8XX IN-WATS where facilities allow.
- B. Restriction of 0+ and 0- operator handled calls prevents the customer from dialing a long distance telephone number or telephone operator for any purpose including for emergency or telephone assistance purposes. The Company shall not be liable to the customer or any third party for any and all claims, losses or damages caused by the restriction to any toll service.
- C. Customers must apply in writing for the establishment of Toll Access Restriction.
- D. The appropriate non-recurring charges will apply to establish service.
- E. Rates

MO. PUBLIC SERVICE COMM

The rate for this service will be charged on a monthly basis.

Toll Access Restriction (any option)

\$ 3.00

\* Indicates new rate or text  
+ Indicates change

FILED

JAN -1 1998

MISSOURI

Issued: November 24, 1997

Dee McCormack  
Ellington Telephone Company  
201 College Avenue  
Ellington, MO 63638

Effective: January 1, 1998

Public Service Commission

## LOCAL EXCHANGE SERVICE

### Missouri Universal Service Fund Low-Income Assistance

1. General-A low-income customer is any customer who requests or received residential essential local telecommunications service and who has been certified by the Department of Social Services (DSS) as economically disadvantaged. Qualified individuals will receive discounted services under either the low-income assistance or the disabled assistance program.
2. Regulations-Low income assistance is available to all residential customers who demonstrate, by self certifying with the company under penalty of perjury, that they are eligible for support by participation in:
  - a) Mo HealthNet (f/k/a Medicaid) (T)
  - b) Food Stamps
  - c) Supplemental Security Income (SSI)
  - d) Federal Public Housing Assistance or Section 8
  - e) Low Income Home Energy Assistance Program
  - f) National School Free Lunch Program (T)
  - g) Temporary Assistance for Needy Families, or (T)
  - h) The customer's income, as defined in 47 CFR §54.400(f), is at or below 135% of the Federal Poverty Guideline (eff. June 1, 2012). (N)
3. Eligible Services – Essential local telecommunications service is defined as two (2) way switched voice residential service within a local calling scope as determined by the commission, comprised of the following services and their recurring charges: (T)
  - a) Single line residential service, including touch-tone dialing and any applicable mileage or zone charges
  - b) Access to local emergency service, including, but not limited to, 911 service established by local authorities
  - c) Access to basic local operator services
  - d) Access to basic local directory assistance
  - e) Standard intercept service
  - f) Equal access to Inter-Exchange Carriers consistent with rules and regulations of the FCC
  - g) One (1) standard white pages directory listing
  - h) Toll blocking or toll control for qualifying low-income customers

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Ellington Telephone Company  
200 College Avenue  
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**Local Exchange Service**

**Lifeline Services** (cont'd)

4. **Support Amount** – Customers eligible under the established criteria can receive a discount from their bill for essential local telecommunications service equal to the amounts approved by the Missouri Public Service Commission and the Federal Communications Commission. The amount of combined federal and state lifeline support for any customer will not exceed the sum of the federal Subscriber Line Charge (SLC) and the recurring charges for essential local telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

**B. Missouri Universal Service Fund Disabled Assistance**

1. **General** – A disabled customer, or a dependent of a disabled customer, is a customer who requests or receives essential local telecommunications service, as defined in section 4.1(C) of this tariff, and meets the eligibility requirements set forth in this tariff.
2. **Regulations** – Disabled assistance is available to all residential customer who demonstrate, by self certifying with the company under penalty of perjury, that they, or a dependent, are totally and permanently disabled or blind and receiving any of the following:
- a) Federal Supplemental Security income benefits
  - b) Veterans Administration benefits
  - c) State blind pension pursuant to Section 209.010 to 209.160, RSMo
  - d) State aid to blind persons pursuant to Section 209.240 RSMo.
  - e) State supplemental payments pursuant to Section 208.030, RSMo Section 660.100.2 RSMo 2000.
3. **Support Amount** – Customers eligible under the established criteria can receive a discount equal to the amount approved by the Missouri Public Service Commission from their bill for essential local telecommunications service. The amount of state lifeline support for any customer will not exceed the recurring charges for essential local telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

Ellington Telephone Company  
for All Exchanges

P.S.C. MO. NO. 3  
Original Sheet 6.9

**LOCAL EXCHANGE SERVICE**

**"Missouri Universal Service Fund"**

1. Company will place on each retail end-user customer's bill, a surcharge equal to the Missouri Universal Service Fund percentage assessment ordered by the commission.
2. The surcharge will appear as a separate line item detailed as "Missouri Universal Service Fund."
3. The surcharge percentage will be applied to the total of each customer's charges for intrastate regulated telecommunications services that meet the definition of net jurisdictional revenues at 4 CSR 240-31.010(12).

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Number of local minutes provided: Unlimited local calling

Long distance calls are billed at carriers' standard rates.

For additional Regulations, Terms and Conditions for Lifeline Customers, refer to Missouri Code of State Regulations Title 4 – Division 240 – Chapter 31 (4 CSR 240-31).



**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 3026**

**ATTACHEMENT REDACTED IN ENTIRETY**